

OCT 17 2005

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FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: October (7, 2005)

CLIENT-MATTER No.: 24207-10065

10.	<u> </u>	
Name	Fax No.	PHONE No.
USPTO	571-273-8300	

FROM:

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NUMBER OF PAGES WITH COVER PAGE: 3	ORIGINAL WILL NOT FOLLOW		
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PAGE 1/3 * RCVD AT 10/17/2005 12:01:26 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/28 * DNIS:2738300 * CSID:6509385200 * DURATION (mm-ss):01-26

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		Application Number	10/765,014		
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Filing Date	January 26, 2004		
		First Named Inventor	Craig Nevill-Manning		
		Group Art Unit Number	2171		
		Examiner Name	Not Yet Known		
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10065 (formerly 53051/295860)		
ENCLO	SURES	(check all that apply			
Fee Transmittal Form (in duplicate) Check Enclosed Return Receipt Postcard Response to Notice to File Missing Parts Assignment & Recordation Cover Sheet Declaration Power of Attorney Application Data Sheet Information Disclosure Statement & PTO/SB/08A Copies of IDS Cited References Request for Corrected Filing Receipt Request for Correction of Recorded Assignment Amendment/Response: [] Page(s) After Final Status Request Revocation and Substitute Power of Attorney		Issue Fee Transf Letter to Chief Dr Formal Drawing(s I Sheet(s Appeal Communi Interferences Appeal Communi (Appeal Notice, I Certified Copy of After Allowance C	nittal aftsperson s):) of Figure(s) [] cation to Board of Appeals and		
REMARKS:		•			
SIGNATURE OF ATTORNEY OR AGENT					
Signature: Asba 72-le					
Attorney/Reg. No.: Sabra-Anne R. Truesdale, Reg. No. 55,687 Dated: 10-17-05					
CERTIFICATE OF FACSIMILE TRANSMISSION					
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.					
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*Total of one form is submitted.

CORRESPONDENCE ADDRESS INDICATION FORM		Address to: Commissioner for P.O. Box 1450 Alexandria, VA	0C1 17 2005	
⊠ Custo <i>OR</i> ☐ Requ	cognize the following address as the coomer Number 00758 Type Customer Number he lest for Customer Number (PTO/cowing listed application(s) or patent	ne /SB/125) submitted	herewith.	
Patent Number (if appropria	ber	Patent Date (if appropriate)	U.S. Filing Date 09-30-2004 12-31-2003 12-31-2003 12-31-2003 12-31-2003 12-31-2004 03-31-2004	
Typed Name	11/018,812 11/026,616 11/026,681 Sabra-Anne R. Truesdale		09-23-2004 12-20-2004 12-31-2004 12-31-2004 (check one)	
Signature Labor Town Ca		Applicant or Patentee		
Address of signer: Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 Tel.: (650) 335-7187 Fax.: (650) 938-5200		Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Automety or Agent of record 55,687		
NOTE: Signature of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."				